

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007158

1. Entity Name

VILLA SANTA BALLROOM, L.L.C.

FILED

01 OCT 12 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2340 S.W. 32 Avenue
Miami, Florida 33145

2. Principal Place of Business

2340 S.W. 32 Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip 33145

Country

Zip

Country

5. Certificate of Status Desired ☐\$5.00 Additional
Fes Required

6. Name and Address of Current Registered Agent

Dilia B. Tomassetti
2340 S.W. 32 Avenue
Miami, Florida 33145

7. Name and Address of New Registered Agent

Name Marlene Leon-Rubido, Esquire

Street Address (P.O. Box Number is Not Acceptable)

8500 W. Flagler St. A-105

City Miami

FL

Zip Code 33144

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

Marlene Leon-Rubido, Esquire

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR Dilia B. Tomassetti ☒ Delete
STREET ADDRESS 2340 S.W. 32 Ave
CITY-ST-ZIP Miami, Florida 33145TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR/M Juan M. Bernardez ☐ Change ☒ Addition
STREET ADDRESS 2340 S.W. 32 Ave
CITY-ST-ZIP Miami, Florida 33145TITLE NAME M Ingrid Amaya ☐ Change ☒ Addition
STREET ADDRESS 2340 S.W. 32 Ave
CITY-ST-ZIP Miami, Florida 33145TITLE NAME M Antonio Cagiao ☐ Change ☒ Addition
STREET ADDRESS 2340 S.W. 32 Ave
CITY-ST-ZIP Miami, Florida 33145TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400004640184--6
CITY-ST-ZIP -10/17/01--01076--018TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Juan M. Bernardez, Mgr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone *

CR2E083 (11/00)